

Revised 06/08

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A
DES MOINES, IA 50319
Fax: (515)281-4073
www.iowa.gov/ethics



Iowa Code section 8.7 requires all gifts and bequests given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

FORM-GB

Gift or Bequest Information received
by a department or accepted by the
Governor on behalf of the state

For office use only

Indexed _____
Audited _____
Checked _____
Computer _____

DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:**STATE TRAINING SCHOOL**

Name of Department or Office
3211 EDGINGTON AVENUE

ELDORA, IA 50627

Mailing Address
641-858-5402

City, State, Zip Code

Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:**KRISTIN HAGEDON**

Name

Mailing Address (if different from above)

City, State, Zip (if different from above)

khagedo@ihs.state.ia.us

Email Address

Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

American Legion Auxiliary #304 (c/o Judy Kerch)

Name

112 S. Fort Avenue

Eagle Grove, IA 50533

Mailing Address

City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

12/5/11

\$100.00

Date of Gift or Bequest

Amount/Value*

*value is defined as "fair market value" of item as determined by
receiving department or office. If no value mark "0.00".

Provide a description of the gift or bequest and purpose thereof:

cash donation to STS Chaplaincy Department

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Kristin Hagedon affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Kristin Hagedon
Signature

Dec. 7, 2011

Date

Revised 06/08

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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:**STATE TRAINING SCHOOL**

Name of Department or Office
 3211 EDGINGTON AVE

ELDORA, IA 50627

Mailing Address

City, State, Zip Code

Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Kristin Hagedorn

Name

Mailing Address (if different from above)

City, State, Zip (if different from above)

khagedo@dhs.state.ia.us

Email Address

Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Priscilla Guild Circle, c/o Linda Sizemore

Name

2010 11th Street

Eldora, IA 50627

Mailing Address

City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

11/20/11

\$30.00

Date of Gift or Bequest

Amount/Value*

*value is defined as "fair market value" of item as determined by
 receiving department or office. If no value mark "0.00".

Provide a description of the gift or bequest and purpose thereof:

popcorn and stamped envelopes - gifts for students

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Kristin Hagedorn affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Kristin Hagedorn
 Signature

Dec. 7, 2011

Date

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2011 DEC -8 AM 10:10

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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:**STATE TRAINING SCHOOL**

Name of Department or Office
 3211 EDGINGTON AVENUE

ELDORA, IA 50627

Mailing Address
 641-358-5402

City, State, Zip Code

Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

KRISTIN HAGEDON

Name

Mailing Address (if different from above)
 khagedo@dhs.state.ia.us

City, State, Zip (if different from above)

Email Address

Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Alice Church of God Womens Ministries

Name

c/o Mary Ralston, PO Box 457 Conrad, IA 50621

Mailing Address

City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

12/6/11

\$100.00

Date of Gift or Bequest

Amount/Value*

*value is defined as "fair market value" of item as determined by
 receiving department or office. If no value mark "0.00".

Provide a description of the gift or bequest and purpose thereof:

cash donation to be used toward student Christmas party

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Kristin Hagedon affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Kristin Hagedon
 Signature

Dec. 7, 2011

Date

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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:**STATE TRAINING SCHOOL**

Name of Department or Office
 3211 EDORINGTON AVENUE

ELDORA, IA 50627

Mailing Address
 641-658-3402

City, State, Zip Code

Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Kristin Hagedorn

Name

Mailing Address (if different from above)

City, State, Zip (if different from above)

khagedo@des.state.ia.us

Email Address

Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Barilla America Inc.

Name

3311 E. Lincoln Way

Ames, IA 50010

Mailing Address

City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

11/16/11

\$35.70

Date of Gift or Bequest

Amount/Value*

*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".

Provide a description of the gift or bequest and purpose thereof:

30 lbs. of pasta to be used for Volunteer Appreciation dinner

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Kristin Hagedorn affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Kristin Hagedorn
 Signature

Dec. 12, 2011

Date